11311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County Queen Anne's
City or town Queen Anne (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 80 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne's
City or town Queen Anne (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Harry Clark **3.(b) Social Security Number**

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife Minnie White Clark 6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Oct. 8th 1865

8. AGE: Years 80 | Months 1 | Days 17 | If less than one day ...hrs. ...min.

9. Birthplace Delaware (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Peter J. Clark
13. Birthplace Del.
MOTHER 14. Maiden name Emily Sanger
15. Birthplace Del.
18. Informant Mrs Emma Clark Address Denton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23 1945 (month) (day) (year)
Cemetery or crematory Denton
Location Denton Maryland
18. Funeral director Allen Clark Address Denton Md
19. 11-21- 1945 (Date rec'd by registrar) W. H. Nevitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1945 at ...M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1941 to Nov. 20 1945 and that I last saw h... alive on Nov. 17 1945

	DURATION
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M.D. M. D. or other
Address Queen Anne, Md Date signed 11/20/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11312

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Prince George's
City or town: P.G.C. Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Sudlersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Margaret Templeton Coppage

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widow

6.(b) Name of husband or wife: Charles E. Coppage
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 6, 1853

8. AGE: Years: 92 | Months: 4 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Newton Del
(Town, county, and state)

10. Usual occupation: H W

11. Industry or business: —

FATHER
12. Name: W. B. Jones
13. Birthplace: Del

MOTHER
14. Maiden name: Harriet Heritage
15. Birthplace: Penn.

16. Informant: Hattie Peters
Address: Fuchsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30, 1945 (month) (day) (year)

Cemetery or crematory: Sudlersville
Location: Sudlersville Cem.

18. Funeral director: Edgar L. Lane
Address: Church Hill Md.

19. Nov. 30 1945 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1945, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1945, to Nov 28 1945
and that I last saw her alive on Nov 27 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Cerebral Arterio Sclerosis	
Due to: Ch Myocarditis	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: C. N. Whiteside M. D. or other
Address: Fuchsville, Md. Date signed 11/29/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11313

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Annes
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Nathan Draper

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife: Mary Elizabeth Pinder
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March - ? - 1874

8. AGE: Years: 71 | Months: 8 | Days: | If less than one day: hrs. min.

9. Birthplace: Do not know.
(Town, county, and state)

10. Usual occupation: Retired Railroad Foreman

11. Industry or business

FATHER
12. Name: Oliver Draper
13. Birthplace: Dont know

MOTHER
14. Maiden name: Margaret Berry
15. Birthplace: Dont know

16. Informant: Mrs Mary Harper
Address: Queenstown Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16-45 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville Maryland

18. Funeral director: Barton Bros
Address: Centreville, Maryland.

19. Nov. 16 1945 Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 14th 1945, at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1945, to 11-14 1945
and that I last saw h[illegible] alive on 11-10 1945

Immediate cause of death	DURATION
Chronic Nephritis	
Due to: Old age	
Due to: Hypostatic Pneumonia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. J. McPherson M. D. or other
Address: Centreville Date signed: 11-15-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11314

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Q A

City or town: Fair Bayley

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 or 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne

City or town: near Barclay

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: John Stephen Green

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

8.(b) Name of husband or wife: Helen Q. Green

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 4, 1893

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
52				

9. Birthplace: Q A Co (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER — 12. Name: John S. Green

FATHER — 13. Birthplace: Md

MOTHER — 14. Maiden name: Annie Fry Moore

MOTHER — 15. Birthplace: Md.

16. Informant: Helen Q. Green

Address: Church Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11-1945 (month) (day) (year)

Cemetery or crematory: Church Hill

Location: Church Hill Md.

18. Funeral director: Edgar L. Lane

Address: Church Hill Md

19. Nov. 10 1945 (Date rec'd by registrar) C. L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8 1945, at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1944 to Nov 8 1945

and that I last saw h— alive on Nov 8 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Cerebral Arterial Sclerosis	2 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: C N Whitcraft M. D. or other

Address: Church Hill Md Date signed 11/10/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 11315 252

1. PLACE OF DEATH:

County [illegible]

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State [illegible] County [illegible]

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Jane Hecathorn Hecathorn

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: Mrs Hecathorn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 31 - 1853-6

8. AGE:

Years	Months	Days	If less than one day
91	2	11	..... hrs. ..... min.

9. Birthplace: South Whitley, Ind.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Wm E. Seegmiller

13. Birthplace: Ohio

MOTHER — 14. Maiden name: Reynolds J. Hungry

15. Birthplace: Ohio

16. Informant: Mrs Lucy Seeley

Address: Converse, Ind

17. Burial (Burial, cremation, or removal? Which?) Date thereof 11-14-45 (month) (day) (year)

Cemetery or crematory: South Whitley

Location: South Whitley Indiana

18. Funeral director: Seeley L Lewis

Address: Church Hill

19. 11-12-45 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 19 [illegible] at [illegible] M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to Nov. 11 1945 and that I last saw h[illegible] alive on Nov 6 1945

Immediate cause of death	DURATION
Pneumonia	
Due to	
Due to Hypostatic pneumonia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H K McPherson M. D. or other

Address Converse, Ind Date signed 11-12-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

11316

Reg. Diat. No. 253

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Stevensville Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Q.A.

City or town: Stevensville Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Chas. Dudley Thos.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Blk	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1945

8. AGE: Years | Months 2 | Days 8 | If less than one day hrs. min.

9. Birthplace: Talbot Co. Md.

(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: Harrison Thos

13. Birthplace: Stevensville Md.

MOTHER

14. Maiden name: Marion Gross

15. Birthplace: Stevensville Md.

16. Informant: Harrison Thos. Stevensville Md

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23, 1945 (month) (day) (year)

Cemetery or crematory: Bethesda

Location: Stevensville (Rural)

18. Funeral director: F. C. Thomas

Address: Stevensville Md

19. 11/22 1945 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 22 1945, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1945 to Nov 22 1945

and that I last saw h... alive on Nov 22 1945

Immediate cause of death	DURATION
Bronchial Pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. Chas. E. Thos M. D. or other

Address: Stevensville Md Date signed 11/22/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

11317

FILM No. I 01 MAR 26 1946

Reg. Dist. No. 2-13

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Chester (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death: /

Hospital, institution or street address where death occurred: Lifetime

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Mary Catherine Lee.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	C	Widow

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 29-1873

8. AGE: Years: 72 73 Months: Days: If less than one day: hrs. min.

9. Birthplace: Chester Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: James Burke

13. Birthplace: Md.

MOTHER 14. Maiden name: Elizabeth Clayton

15. Birthplace: Md.

16. Informant: James Lee, Address: Chester Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22-45 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Chester

18. Funeral director: Lewis A. Hennup

Address: Cambridge Md.

19. 11 20 1945 (Date rec'd by registrar) F C Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 19 1945, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1945 to November 19 1945 and that I last saw h.. alive on November 19 1945

Immediate cause of death	DURATION
Arteriosclerosis	about 3 yrs
Due to chronic interstitial nephritis	
Due to Cerebral hemorrhage	2 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Leon Settelmeier M D M. D. or other

Address: Greensville Date signed 11/20/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1102)

11318

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County Queen Annes
City or town near Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME William Halton Legg

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	widowed

6.(b) Name of husband or wife Ida M Thompson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 10 - 1865

8. AGE:

Years	Months	Days	If less than one day
80	3	13	..... hrs. ..... min.

9. Birthplace Stevensville, Qa Co. Maryland
(Town, county, and state)
10. Usual occupation Farmer (retired)
11. Industry or business

FATHER
12. Name William Halton Legg
13. Birthplace Kent Island Qa Co. Md

MOTHER
14. Maiden name Mary Rebecca Grimes
15. Birthplace Kent Is. Qa Co. Md.

16. Informant Oscar M. Legg
Address Stevensville. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 25-45 (month) (day) (year)
Cemetery or crematory Stevensville
Location Stevensville Maryland
18. Funeral director Beston Bros
Address Centreville Maryland
19. 11-25-1945 (Date rec'd by registrar) Helen M. Aldridge Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1945 at 10 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Ruptured Blood Vessels accident.	
Head injury — fractured vertebra	
Due to Fractured L both Legs above knee	
Fractured R Left Leg	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of 11-23-45
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Auto accident Injured at work?

23. SIGNATURE W. Harvey Fraker Deputy Coroner or Physician
Address Centreville Md Date signed 11-24-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

11319

Reg. Diat. No. 213

1. PLACE OF DEATH:
County: Queen Anne
City or town: near Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: near Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Not known

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male		

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
In his ~~88~~ Fifties			..... hrs. ..... min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 27 45 (month) (day) (year)
Cemetery or crematory Stevensville Cemetery
Location Stevensville Md.
18. Funeral director Bernard A Forde
Address Stevensville Md
19. 11 28 45 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Found Nov 27 1945 at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Drowning —	
This man was found on beach near Matapeake on Kent Island Md	
Due to: No Identification	
Due to: He was in water from 1 to 2 weeks	
Other conditions: No Marks of Violence	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Henry Fisher Dept. Med. exr. M.D. or other
Address Centreville Md Date signed 11-24-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15